



# State of South Dakota Campaign Finance Disclosure Statement

Full Name of Committee: PATIENT CHOICE FOR SOUTH DAKOTA

JON CROW, JACK KAUP,

Chair -- Treasurer -- Candidate

JCROW@SFSURGICAL.COM;  
JACK.KAUP@BHSH.COM;

Email (Optional)

910 EAST 20TH STREET SIOUX FALLS SD 57105

Committee Street Address

(605) 334-6736

Phone

Postal Street Address

Name of Person Making Report

Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought.

Political party affiliation (if any)

If Ballot Question Committee, Ballot Question Title

Supporting

Opposing

Initiated Measure 17



## Type of Campaign Statement



Pre-Primary



Pre-Convention



Pre-General



Mid-Year



Year-End



Amendment



Supplement



Termination

**County, municipal and school** candidates file this statement with the person in charge of the local election.

**Statewide PACs, political party, ballot question and other committees** file this statement with the Secretary of State's Office

**Secretary of State, Elections Department**  
**500 East Capitol Ave., Ste 204**  
**Pierre, SD 57501**  
**of fax to 605-773-6580 or**  
**e-mail to [cfr@state.sd.us](mailto:cfr@state.sd.us)**

Fax and e-mail images must contain the signature (s) and the **original must be filed in our office one week** following the date the fax/e-mail was received.

# INCOME

## Direct Contributions from Individuals

Each type of contributor has thier own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter Total of all unitemized contributions(\$100 or less each from individuals) here:	

Line item A1

### Itemized Contributions from Individuals

Enter all itemized contributions(\$100.01 or more each from individuals) here:

Name	Residential (Street) Address	Amount
Itemized Contributions--Enter Total of all itemized contributions(\$100.01 or more each from individuals):		

Line item A2

## Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot committee Questions may recieve direct contributions from organizations.

Name	Residential (Street) Address	Amount
SOUTH DAKOTA CHIROPRACTIC ASSOCIATION	1501 N. MAIN STREET MITCHELL SD 57301	\$5,000.00
DIAGNOSTIC RADIOLOGY SERVICES PROF., LLC	111 RAINBOW ST. YANKTON SD 57078	\$5,000.00
YANKTON MEDICAL CLINIC	1104 WEST EIGHTH YANKTON SD 57078	\$1,200.00
SIOUX FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$125,000.00
SIOUX FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$90,000.00
SIOUX FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$20,697.25
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$50,000.00
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$50,000.00
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$100,000.00
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$20,697.25
PELTON PHYSICAL THERAPY	1101 BROADWAY AVE., #115B YANKTON SD 57078	\$242.45
DAKOTA DERMATOLOGY LTD.	4950 S. MINNESOTA AVENUE SIOUX FALLS SD 57108	\$1,000.00
MEDICAL FACILITIES (USA) HOLDINGS, INC.	910 E. 20TH STREET SIOUX FALLS SD 57105	\$200,000.00
MEDICAL FACILITIES (USA) HOLDINGS, INC.	910 E. 20TH STREET SIOUX FALLS SD 57105	\$100,000.00
MEDICAL FACILITIES (USA) HOLDINGS, INC.	910 E. 20TH STREET SIOUX FALLS SD 57105	\$200,000.00
F&S MEDICAL CONSULTING, INC.	1100 EAST 26TH ST SIOUX FALLS SD 57105	\$750.00
SURGICAL MANAGEMENT PROFESSIONALS	600 CLIFF AVE., SUITE 106 SIOUX FALLS SD 57104	\$20,000.00
CAMPUS PARTNERS, LLC DBA CENTER INN	900 E. 20TH ST. SIOUX FALLS SD 57105	\$15,000.00
Itemized Contributions--Enter Total of all itemized contributions from organizations:		\$1,004,586.95

Line item B1

## Direct Contributions from Political Parties

### ***Contributions from Political Parties***

Name	Residential (Street) Address	Amount
Enter total of all contributions from Political Parties here:		

Line item C1

## Direct Contributions from In-State Political Action Committees

### ***Contributions from South Dakota Political Action Committees***

Name	Residential (Street) Address	Amount
SOUTH DAKOTA OPTOMETRIC PAC	200 NORTH PIERCE AVENUE PIERRE SD 57501	\$2,000.00
Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		\$2,000.00

Line item D1

## Direct Contributions from Out-of-State Political Action Committees

### ***Contributions from Federal Political Action Committees***

Name	Filing Web Address	Amount
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		

Line item D2

## Direct Contributions from Candidate Committees

### ***Contributions from Candidate Committees***

Name	Residential (Street) Address	Amount
Enter total of all contributions from Candidate Committees here:		

Line item E1

## In-Kind Contributions

### ***Non-cash contributions of goods and services and the estimated fair market value***

Description	Name and Residential Address	Estimated Value
Enter total of all estimated in-kind contributions here:		

Line item F1

## Other Income

### ***Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution***

Source of Income	Description of Income	Amount
Enter total of other income here:		

Line item G1

## Loans Owed to Committee

*Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.*

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed to committee here:			

Line item Y3

## Establishing and Administering Committee/Solicitation Costs

*List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.*

Organizational Name and Categorical Description of Direct Funds	Amount
Enter total here:	

Line item H1

# EXPENDITURES

## Operational Expenditures

*Categories have been provided for reporting common expenses. You may list other iexpense items at your discretion.*

Campaign Expenses	Amount
Administrative	\$0.00
Advertising	\$823,268.89
Bank Fees	\$20.00
Consulting	\$228,735.01
Fundraising	\$0.00
Mailing	\$0.00
Office Supplies	\$65.03
Printing	\$0.00
Rent	\$0.00
Salaries	\$0.00
Travel	\$0.00
Enter total expenditures here:	\$1,052,088.93

Line item X1

## Contributions Made to Candidates and Committees

Name of Candidate or Committee	Amount
Enter total of contributions to candidates or committees here:	

Line item X2

## Debts and Obligations Owed by Committee

*All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation*

Owed to Creditors Name	Nature of obligation	Address	Amount
MEDIA ONE	MEDIA PRODUCTION AND CAMPAIGN MANAGEMENT	3918 S. WESTERN AVE. PIERRE SD 57501	\$67,041.34
MEDIA ONE	MEDIA PRODUCTION AND CAMPAIGN MANAGEMENT	3918 S. WESTERN AVE. PIERRE SD 57501	\$26,129.94
MAY, ADAM, GERDES & THOMPSON	LEGAL AND CONSULTING SERVICES	503 S. PIERRE ST. PIERRE SD 57501	\$3,837.20
Enter total debt owed by committee here:			\$97,008.48

Line item X3

## Loans Owed by Committee

*Report the amount of each loan owed by the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed by the committee at the end of the reporting period must be itemized.*

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of laon repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed by committee here:			

Line item G2

## **SUMMARY OF INCOME AND EXPENDITURES**

**\*Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**